THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000512 State File No.

FILED FEB 5 1959

BIRTH NO. - REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 5Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Leopold Mo.
d. STREET ADDRESS (If rural, give location): Rural 3 Mi. E. Marble Hill

3. NAME OF DECEASED (Type or Print): a. (First) Julia b. (Middle) Mae c. (Last) Seabaugh

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27 1959

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): - - - - - Child

8. DATE OF BIRTH: Nov. 24 1956

9. AGE (In years last birthday): 2 — If under 1 year: Months 2, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Amon Seabaugh

13b. MOTHER'S MAIDEN NAME: Iva Fay Gibbons

14. NAME OF HUSBAND OR WIFE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---------

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Amon Seabaugh Leopold Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Salicylate Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Accidental Ingestion of Aspirin
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* S720

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 14

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Leopold, Mo. 009

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-26-59 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Accidental Ingestion of Aspirin

22. *I hereby certify that I attended the deceased from* 1-27, 1959 *to* 1-27, 1959, *that I last saw the deceased alive on* 1-27, 1959, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Jaeger MD

23b. ADDRESS: Jackson, Mo

23c. DATE SIGNED: 1-28-59

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 29 1959

24c. NAME OF CEMETERY OR CREMATORY: Kinyon Cemetery

24d. LOCATION (City, town, or county) (State): Near Delta Mo.

DATE REC'D BY LOCAL REG.: Feb 2, 1959

REGISTRAR'S SIGNATURE: Mrs. Homer Cooper

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Deneke - Laird Jackson Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.